Referrals for Title V Maternal Health and Child & Adolescent Health Services

Overview

Introduction

Women and children participating in the Iowa WIC Program may not have a regular provider for medical and dental care. Referrals for Maternal Health and Child & Adolescent Health (MCAH) services are strongly encouraged to help WIC families access a variety of preventive health and oral health services.

MCAH mission

The mission of MCAH services is to provide or assure access to quality preventive health services. As public health professionals, WIC and MCAH staff recognize the critical importance and interdependence between nutrition education, food supply, access to preventive health services and optimal health of women and children.

Congress passed the MCH Block Grant, also known as Title V of the Social Security Act, in 1935. Historically, WIC and MCAH programs have worked together to improve the health status of pregnant and post-partum women, infants, toddlers, and children. Fundamental to MCAH programs are services that are family-centered, community-based, collaborative, comprehensive, flexible, coordinated, culturally competent and developmentally appropriate.

Reference: Iowa's Title V Administrative Manual for Community Based Programs

In this policy

This policy contains the following topics.

Topic	See Page	
Making Referrals for MCAH Services 2		
Maternal Health Services and Oral Health Services	5	
Child & Adolescent Health Services and Oral Health Services	6	

Making Referrals for MCAH Services

Determining if a MCAH referral is warranted If a participant expresses any health related concerns such as not having a medical or dental home, social or health concerns, or difficulty paying for health services while responding to the WIC nutrition interview questions, WIC staff should convey the availability of health services provided by the local MCAH agency.

Eligibility

All women of childbearing age and children who are residents of Iowa are eligible for MCAH services regardless of immigration status. Services are available at no cost to families who meet WIC income guidelines and up to 375% of the Federal Poverty Level (FPL) for pregnant women and infants to age 1 year and up to 302% of the FPL for children ages 1 to 19 years. For families at or above 302% of the FPL, services are provided at full fee.

Reference: Iowa Administrative Code, Chapter 76

MCAH contractors

MCAH services are available for clients residing in every county. Contact the Healthy Families Line at 1-800-369-2229 or the Bureau of Family Health at 1-800-383-3826 to obtain information on MCAH contractors and their service areas. To make successful referrals, contact the MCAH agency to determine the following:

- Who is the MCAH contact?
- When can they be reached?
- What specific services do they offer?
- What information do they need when you make a referral?

Role of the MCAH agency

It is the role of the MCAH agency to assure that the full package of screening services is provided for all clients enrolled. Agencies may achieve this by:

- Assisting clients with establishing a medical or dental home that provides the full clinical component of services;
- Providing partial or gap-filling services that support those clinical services provided by a physician or a dentist; or
- Providing the full clinical component of services.

Continued on next page

10/1/17 245.15

Making Referrals for MCAH Services, Continued

Deciding to make a MH or CAH referral

MCAH agencies can coordinate access to many health services for WIC families. However, if the WIC agency already has a direct link to a particular service it is not necessary to go through the MCAH agency.

Example #1: If immunizations are provided by the local public health agency on-site at a WIC clinic and a family has a medical and dental home and is not in need of other services, it would *not* be necessary to make a referral to the CAH agency. The family could take advantage of this coordinated service provided by the local public health agency.

Example #2: If a child is identified to be in need of a lead test and does not have a regular medical provider, a referral to the CAH agency *would* be appropriate to assure the blood lead test is completed and access to other health services is provided.

Example #3: A child may have visited a physician or dentist in the past, but the family may not have a consistent relationship established with that provider. A referral to the CAH agency *would* be appropriate to help establish a medical or dental home with the provider so the child may receive regularly scheduled well child screenings or dental exams. If the family needs transportation, interpreter, or childcare services in order to access these appointments, the CAH agency can provide assistance.

MCAH services

Title V MCAH services offer an array of services including:

Service	Definition	
Direct health	Services accessed through cooperative agreements with	
care*	local private health care providers. Direct health care	
	services provided through MCAH centers are available	
	in areas where need is identified.	
Enabling*	Services that assist families to access health and social	
	services. This includes population-based services that	
	provide preventive interventions and personal health ser-	
	vices for groups of people (rather than in one to one situ-	
	ations).	
Public health	Services to improve and maintain health status by	
services and	providing support for the development and maintenance	
<mark>systems</mark>	of comprehensive health services systems.	

^{*} MCAH services that are most likely provided as a result of a referral from WIC. Specific MCAH services are listed on the following pages.

Continued on next page

Making Referrals for MCAH Services, Continued

Linking WIC families to MCAH services

If the participant/caretaker answers questions on the nutrition interview that show a need for MCAH services, follow these steps.

Step	Action		
1	Explain how MCAH services could be helpful in the areas for		
	which there is a concern		
2	Ask the participant/caretaker if interested in receiving MCAH		
	services.		
	• If <u>no</u> , give the participant/caretaker the name, address and phone		
	number of the MCAH agency for future reference.		
	• If <u>yes</u> , proceed to Step 3.		
3	Use the table below to determine your next step.		
	If	Then	
	MCAH services are available	Refer the WIC participant	
	within the same agency as	to the MCH staff person	
	WIC and may or may not be	• Complete the agency's en-	
	available at the WIC clinic	rollment form.	
	MCAH services are not	Refer the WIC participant to	
	available within the same	the appropriate MH or CAH	
	agency as WIC but are avail-	staff person within the WIC	
	able at the WIC clinic	clinic.	
	MCAH services are not	Complete the Refer-	
	available within the same	ral/Request for Information	
	agency as WIC and are not	form	
	available at the WIC clinic	Have the partici-	
		pant/caretaker sign the	
		form.	
		• Forward the referral to the	
		MCAH agency.	

Document referrals in the data system

Assurances must be in place that referrals are documented in the participant's record. Document any referrals made for MCAH services in the WIC data system. This system will also generate messages to follow up on referrals.

10/1/17 245.15

Maternal Health Services and Oral Health Services

Title V Maternal Health services

Title V Maternal Health (MH) contractors offer an array of services that may include:

- Assistance in obtaining health care coverage;
- Presumptive eligibility for Medicaid;
- Care coordination;
- Assistance in accessing medical prenatal care;
- Assistance in accessing dental care;
- Assistance in accessing mental health professionals;
- Health education:
- Prenatal risk assessment;
- Screening for domestic violence, tobacco/alcohol/illicit drug use, and depression screenings;
- Assistance in making delivery arrangements;
- Nutrition assessment and education. If the client is already enrolled in WIC and has high risk needs this provides an opportunity to meet these needs, above and beyond what WIC offers. This service requires a dietician typically a WIC employee is contracted by the MCAH agency to provide this service;
- Psychosocial assessment;
- Home visits by a nurse or social worker;
- Postpartum visits;
- Oral risk assessments, screenings, fluoride varnish applications, sealants, prophylaxis, oral health hygiene instruction, and nutrition & tobacco counseling services;
- Referrals;
- Interpretation for services provided; and
- Transportation to medical/dental/mental health services.

Oral health services

Many pregnant and postpartum clients may have a medical home, but lack a dental home. Women who present with dental disease, oral pain and/or answer that they do not receive regular dental check-ups should be referred to the MH agency for oral health services. Services include:

- Oral risk assessment and screening;
- Oral health education;
- Fluoride varnish applications, sealants, prophylaxis, oral health hygiene instruction, and nutrition & tobacco counseling services for pregnant and postpartum clients; and
- Assistance with dental appointments (finding a dentist, scheduling appointments, child care, transportation, interpretation, follow-up, etc.).

Refer to WIC Policy 240.90 for additional information.

<u>Reference:</u> Section 700 <u>Iowa's Title V Administrative Manual for Community Based Programs</u>

245.15 10/1/17

10/1/17 245.15

Child and Adolescent Health Services and Oral Health Services

Title V Child & Adolescent Health services

Title V Child and Adolescent Health (CAH) contractors offer an array of services including:

- Presumptive eligibility for children;
- Medicaid EPSDT informing and care coordination services;
- Access to routine well-child screening;
- Assistance in finding a regular source of medical and dental care (a medical and dental home);
- Assistance in application process for Medicaid and *hawk-i*;
- Care coordination services including arranging interpretation or transportation services, identification of payment sources, scheduling appointments, and follow-up on services provided;
- Immunizations;
- Lead testing;
- Vision and hearing screenings;
- Developmental testing and emotional/behavioral assessment;
- Consultation to child care on health and safety issues;
- Health education including SIDS awareness and injury prevention;
- Home visits by a nurse or social worker;
- Nutrition counseling and education;
- Caregiver screening for depression, domestic violence, and alcohol/substance abuse;
- Screening for depression, domestic violence, and alcohol/substance abuse for adolescents;
- Oral risk assessments, screenings, fluoride varnish applications, sealants, prophylaxis, oral health hygiene instruction, evaluation and counseling with primary caregiver-for patient under 3 years of age, and nutrition counseling services;
- Referrals for additional family support services (parent education, Head Start, child care, Child Health Specialty Clinics, Early ACCESS, etc.);
- Interpretation for services provided; and
- Transportation to medical/dental/mental health services.

Oral health services

Many children may have a medical home, but lack a dental home. Children who present with dental disease, oral pain and/or whose families answer that they do not receive regular dental check-ups should be referred to the CAH agency for oral health services. Services include:

- Oral risk assessment and screening;
- Oral health education;
- Fluoride varnish applications, sealants, prophylaxis, oral health hygiene instruction, and nutrition counseling services for children ages 0-21 years
- Assistance with dental appointments (finding a dentist, scheduling appointments, child care, transportation, interpretation, follow-up, etc);
- Payment for dental visits for eligible children age 0-21 years (available at most CAH agencies).

Refer to WIC Policy 240.90 for additional information.

Reference: Section 700_Iowa's Title V Administrative Manual for Community Based Programs